Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	11/22/2013	Address:	600 East Jackson apt. I 33
Incident #:	13ISPC011578		Alexandria, Indiana
County:	Madison		46001
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	l: Location (bedroom, kitchen, open air, apply) or Birch Reaction(s):	<u>etc)</u>	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid:			
	Base:		
Other (ite	m and location):		
Vehicle Info	rmation:		
Owner: VIN: Year:	N/A N/A N/A	Make: Model:	N/A N/A
Child under age 18 discovered (check appropriate) Yes (number present) No Children not present but evidence they reside or visit often		Living conditions of home: ☐ clean ☐ disarray ☐ unclean Estimated length of time manufacturing had been occurring: N/A Additional Information: N/A	
This report l	has been faxed* or emailed to the fo	ollowing agencies th	at serve the location:
Health Depar	tent City, Township or County <u>Alexar</u> tment County: <u>Madison County</u> of Child Services Hotline: <u>dcshotliner</u>	Fax: <u>(765)</u>	
	ormation regarding this methamphetan Officer: <u>Jason Brizendine</u> Phon	mine laboratory, contact (765) 648-6798	tact

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.